

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
TEMPORARY WORKFORCE HOUSING INSPECTION REPORT

REASON				INSPECTION DATE:	ESTABLISHMENT NAME:
Primary	✓	Follow-up		3/1/17	GUAM REGIONAL MEDICAL CITY
Secondary		Complaint		TIME IN:	OWNER / OPERATOR:
Tertiary		Other (Specify)		8:15 AM	
GRADE:	WORKERS' DORMITORY PERMIT NO:		TIME OUT:	LOCATION:	
6/A	160003062		11:00 AM	192 SUMMERVILLE DR. UNIT F307 BLDG F TAMUNING, GUAM	

Based on the inspection today, the items listed below identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

*ITEM NO.	REMARKS	DEMERIT	CORRECT BY DATE
	pg 1 of 1		
#19	A regular inspection was conducted on this day. All previous violations corrected. The following violations observed today:	6	2/11/17
	Discoloration in the toilet.		
	Toilet rooms shall be kept in a sanitary condition & shall be cleaned at least daily.		
	Photos taken during inspection. Reissued placard "A" # 01100.		
	Discussed inspection report w/ Briann Duenas.		

I am the responsible party of the establishment, have read and understand the above violation(s), and am aware of the corrective measures that shall be taken.

<p>*When any of the following items are cited above, they shall be corrected within ten days of this inspection: (7); (15); (16); (19); (20); (23); (31); (33); (36); and (38)</p>	RECEIVED BY (Name and Title):	SIGNATURE:
	PRINT: Briann Duenas Acct-HR	[Signature]
	DEH OFFICIAL (Name and Title):	[Signature]
	PRINT: REMILIZA ORIONDO, EPHO I	[Signature]
	REVIEWED BY: (Name and Title):	SIGNATURE:
	PRINT:	[Signature]

WHITE COPY - DEH OFFICE YELLOW COPY - ESTABLISHMENT